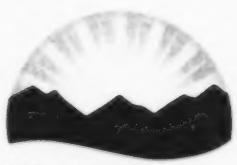
*Ministry of*
*Health*

# 2005/06 – 2007/08
# SERVICE PLAN UPDATE
# SEPTEMBER 2005



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*Ministry of*
*Health*

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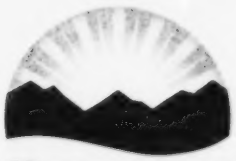

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# Message from the Minister and Accountability Statement

I am pleased to present the 2005/06 – 2007/08 Service Plan Update September 2005 for the Ministry of Health.

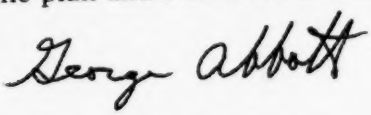
As government embarks on our new mandate, the Ministry of Health will continue to focus on delivering a modern health system that meets the needs of British Columbians. We will build on the strong foundation set by health system reforms over the past four years, and continue to work with B.C.'s health authorities and thousands of dedicated health professionals to provide quality services and supports across the continuum of health care.

Over the next four years, health care will be guided by our government's Five Great Goals for a Golden Decade, which emphasize literacy, health and wellness, support for children and adults with special needs, and services for seniors. Our vision of a modern health system is one that supports British Columbians across their life span, whether they need support to stay healthy, get better from an illness or injury, live with and manage a chronic disease or disability, or cope with the end of life.

This service plan lays out the ministry's strategic focus over the next three years. Through the ActNow BC initiative we will work with all ministries to support people to make healthy lifestyle choices, and through enhanced prevention programs we will assist in keeping preventable illness at bay. When citizens do need health care, we will provide timely access to needed services, treat illnesses according to evidence-based best practice, and integrate services and providers to help make the health system less complicated and stressful for patients. And for the end of life, we will enhance palliative care options to better meet the needs of patients and their families.

We will also continue to improve efficiency and sustainability in the public system by providing strong and focused leadership, utilizing new technology and information systems, and ensuring we have the appropriate mix and number of health professionals to deliver high quality services today and in the future. And we will continue to make strategic investments in our health system infrastructure to ensure the health system has the capacity to meet the population's health needs. Our capital projects will include building 5,000 new residential care, assisted living and supportive housing beds for seniors by 2008, and expanding facilities providing services to residents of Surrey where the pressure of population growth is the highest in the province.

The Ministry of Health 2005/06–2007/08 Service Plan Update September 2005 was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. All material fiscal assumptions and policy decisions as of August 31, 2005 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.



Honourable George Abbott
Minister of Health

September 6, 2005

# Ministry Overview and Core Business Areas

This service plan continues the redesign and reform of the health system started in 2001. The overriding goal is to build a sustainable, publicly funded health system that will meet the needs of today's and future generations. To do this, the system is being redesigned to address the needs of the population in more innovative, appropriate and efficient ways.

Planning and implementing fundamental changes to large, inter-related and inter-dependent systems takes time. However, we have made significant progress in setting the organizational and directional foundation for an integrated, accountable health services system that responds to the needs of the public within a fiscally sustainable framework.

In 2001, government created six new health authorities. By delegating responsibility for local health services, such as home and hospital care, to five regional health authorities and responsibility for provincial and specialized health services, such as cancer care, to a single provincial health authority, government made a significant shift from the piecemeal approach of managing health services through 52 diverse regional entities that often had competing or overlapping mandates. These six new health authorities, in conjunction with the Ministry of Health, have comprehensive responsibility for managing and delivering most publicly funded health services in British Columbia.

At the same time, the Ministry of Health has also focused on its new role in the health system. While the ministry still delivers some services directly to the public, it is focusing more on being a steward of the system and less on being a direct service provider.

The core business areas of the ministry are organized to reflect roles in the health system, and work together to meet the goals and objectives detailed in this service plan.

### Core Business: *Services Delivered By Partners.*

Our partners deliver the vast majority of health services to the public. These services span beginning to end-of-life care, health promotion to disease prevention, and primary to acute care. Accordingly, this core business accounts for the vast majority of health expenditures, and is the primary focus of the system redesign efforts detailed in this service plan.

### Core Business: *Services Delivered By Ministry.*

This core business encompasses two important public services: the B.C. Ambulance Service, which is delivered through the Emergency Health Services Commission, and the Vital Statistics Agency, which is responsible for documenting important events for B.C. citizens such as births, marriages, and deaths.

## Core Business: *Stewardship and Corporate Management.*

As stewards of the system, the ministry provides leadership and support to our health system partners, including health authorities, physicians and other care providers. The ministry sets the overall strategic direction for the health system, provides the appropriate legislative and regulatory frameworks to allow it to function smoothly, and plans for the future supply and use of health professionals, technology and facilities. The ministry also monitors the health of the population and plans for and coordinates responses to major public health risks and emergencies. Lastly, the ministry also evaluates health system performance, and takes corrective action where necessary to ensure the population's health needs are being met.

This core business area includes the Office of the Provincial Health Officer. Under the *Health Act*, the Provincial Health Officer is the senior medical health officer for British Columbia and provides independent advice to the Minister of Health, the ministry and the public on public health issues and population health. Each year, the Provincial Health Officer must report publicly, through the Minister of Health to the legislature, on the health of the population.

# Resource Summary

| Core Businesses | 2004/05 Restated Estimates[1] | 2005/06 Estimates | 2006/07 Plan | 2007/08 Plan |
|---|---|---|---|---|
| **Operating Expenses ($000)** | | | | |
| **Services Delivered by Partners** | | | | |
| Regional Health Sector Funding | 6,541,996 | 7,239,659 | 7,495,714 | 7,582,557 |
| Medical Services Plan | 2,5[illegible]1,768 | 2,627,065 | 2,642,479 | 2,642,479 |
| PharmaCare | 830,355 | 889,547 | 982,178 | 1,084,214 |
| Debt Service Costs | 173,500 | 169,500 | 183,200 | 194,700 |
| Amortization of Prepaid Capital Advances | 136,677 | 152,908 | 169,635 | 179,202 |
| Health Benefit Operations | 20,257 | 28,213 | 28,448 | 28,581 |
| | 10,224,553 | 11,106,892 | 11,501,654 | 11,711,733 |
| **Services Delivered by Ministry** | | | | |
| Emergency Health Services | 220,602 | 253,523 | 259,572 | 268,255 |
| Vital Statistics | 6,742 | 6,786 | 6,831 | 6,831 |
| | 227,344 | 260,309 | 266,403 | 275,086 |
| **Executive and Support Services** | | | | |
| Minister's Office | 778 | 567 | 498 | 498 |
| Stewardship and Corporate Management | 92,742 | 102,730 | 101,852 | 101,900 |
| | 93,520 | 103,297 | 102,350 | 102,398 |
| **Total** | **10,545,417** | **11,470,498** | **11,870,407** | **12,089,217** |

[1] These amounts have been restated, for comparative purposes only, to be consistent with the presentation of the September Update 2005 *Estimates* 2005/06. Schedule A of the 2005/06 *Estimates*, presents a detailed reconciliation.

# Resource Summary

| Core Businesses | 2004/05 Restated Estimates[1] | 2005/06 Estimates | 2006/07 Plan | 2007/08 Plan |
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| Core Businesses | 2004/05 Restated Estimates[1] | 2005/06 Estimates | 2006/07 Plan | 2007/08 Plan |
|---|---|---|---|---|
| **Full-time Equivalents (FTEs)** | | | | |
| **Services Delivered by Partners** | | | | |
| Health Benefit Operations | 115 | — | — | — |
| **Services Delivered by Ministry** | | | | |
| Emergency Health Services | 1,895 | 1,999 | 2,051 | 2,103 |
| Vital Statistics | 89 | 85 | 85 | 85 |
| | 1,984 | 2,084 | 2,136 | 2,188 |
| **Executive and Support Services** | | | | |
| Minister's Office | 9 | 6 | 6 | 6 |
| Stewardship and Corporate Management | 677 | 680 | 673 | 673 |
| | 686 | 686 | 679 | 679 |
| **Total** | **2,785** | **2,770** | **2,815** | **2,867** |
| **CRF Capital Categories** | **2004/05 Restated Estimates[1]** | **2005/06 Estimates** | **2006/07 Plan** | **2007/08 Plan** |
| **Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)** | | | | |
| Vehicles, Specialized Equipment, Tenant Improvements, Office Furniture and Equipment | 8,251 | 11,425 | 13,705 | 6,105 |
| Information systems | 11,355 | 49,125 | 45,470 | 35,925 |
| **Total** | **19,606** | **60,550** | **59,175** | **42,030** |
| **Capital Plan ($000)** | | | | |
| Health Care Facilities | 379,700[2] | 280,000 | 240,000 | 215,000 |
| **Total** | **379,700** | **280,000** | **240,000** | **215,000** |
| **Other Financing Transactions[3] ($000)** | | | | |
| Receipts — Health Innovation Incentive Program | 2,034 | 769 | — | — |
| Disbursements — Health Innovation Incentive Program | — | — | — | — |
| **Total** | **2,034** | **769** | | |

[1] These amounts have been restated, for comparative purposes only, to be consistent with the presentation of the September Update 2005 *Estimates* 2005/06. Schedule A of the 2005/06 *Estimates*, presents a detailed reconciliation.

[2] Includes $121 million for the transfer of the BC Children's and Women's Health Centre site from the province to the Provincial Health Services Authority.

[3] Health Innovation Incentive Program — Loans (disbursements) are no longer provided to health authorities or other health agencies. Receipts represent repayment by health authorities of the loans (disbursements) made in previous years. Administration costs are funded through the ministry's voted appropriations.

# Health Authorities Included in the Provincial Reporting Entity

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the ministry's service plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the province in the form of grants from ministry budgets.

| Description | 2004/05 Actual | 2005/06 Plan | 2006/07 Plan | 2007/08 Plan |
|---|---|---|---|---|
| **Health Authorities and Hospital Societies — Combined Income Statement ($000)** | | | | |
| Total Revenue[1] | 8,315,000 | 8,618,000 | 8,696,000 | 8,797,000 |
| Total Expense[2] | 8,248,000 | 8,618,000 | 8,696,000 | 8,797,000 |
| **Net Results** | **67,000** | **0** | **0** | **0** |

This combined income statement includes estimates from six health authorities and 10 hospital societies. Numbers have been adjusted from the February 2005 Service Plan to reflect increased health authority revenues and expenditures of $158 million (05/06), $49 million (06/07) and $52 million (07/08); and the impact of accounting adjustments that reduce combined revenues and expenditures by $83 million (05/06), $190 million (06/07), and $201 million (07/08). The accounting adjustment only reflects the elimination of funding transfers between health authorities and does not affect individual health authority/society revenues and expenditures.

[1] Revenue: Includes provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

[2] Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, and assisted living and residential care.

# First Ministers' Agreement — 2004

In September 2004, the Provinces, Territories and Federal Government agreed to a Ten Year Plan to Strengthen Health Care. As a result of this agreement, British Columbia expects to receive a total of $5.4 billion in new federal health funding over the next 10 years.

The First Ministers agreed the top priority for these funds is to improve access to care and reduce wait times where they are longer than medically acceptable. Although every jurisdiction will be responsible for establishing its own priorities across the continuum of health services provided to their citizens, the First Ministers also agreed that cancer treatment, heart surgeries, diagnostic imaging, joint replacement and sight restoration services were important priority areas to be considered. First Ministers also recognized that improving access to care will require cooperation among governments, the participation of health care providers and patients, and strategic investment in such areas as:

- increasing the supply of health professionals (e.g., doctors, nurses, and pharmacists);
- enhancing primary care;

| Core Businesses | 2004/05 Restated Estimates[1] | 2005/06 Estimates | 2006/07 Plan | 2007/08 Plan |
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- increasing the supply of health professionals (e.g., doctors, nurses, and pharmacists);
- enhancing primary care;

- delivering effective community and home-based services; and
- effective health promotion, disease prevention and public health services.

In addition, First Ministers agreed the implementation of a national pharmaceutical strategy would improve access for all Canadians to important classes of drugs while providing opportunities to take advantage of economies of scale and initiatives that would improve prescribing and minimize adverse events related to drugs.

The Ministry of Health service plan objectives and strategies reflect the commitments and priorities of the First Ministers. Strategic investments in priority areas across the continuum of health services will be a highlight of our next three years. Examples of areas in which the ministry and health authorities will be working to improve access and services beyond the five key First Minister priority areas include:

- public health and health promotion;
- youth addictions services;
- early screening of children for key health problems; and
- increased options for frail seniors in the assisted living and residential care sector.

This increase in capacity will build on the significant success in enhancing access that has already occurred over the last four years of health system redesign in British Columbia.

The new federal funding commitment, which over 10 years represents approximately four per cent of the expected spending on health services, cannot eliminate the challenges we face in making the health system sustainable over the long-term. Redesigning clinical service delivery models, in every part of our system, to allow improved quality and more capacity within the resources available will be our challenge over the coming three years. We have the advantage of an efficient, responsive health sector that welcomes the challenge of improving value for the citizens of British Columbia.

The following table summarizes the operating funding British Columbia will receive under this agreement:

| Description | 2004/05 | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 – 2013/14 |
|---|---|---|---|---|---|---|---|
| Can. Health Transfer (one time) | 131,000 | 262,000 | | | | | |
| Home Care/Catastrophic Drugs | | 66,000 | — | — | | | |
| Canada Health Transfer | | — | 295,000 | 277,000 | 322,000 | 362,000 | 2,889,000 |
| Wait Times Reduction | 559,900 | — | — | — | — | 33,000 | 132,000 |
| Deferral of 2004/05 funding | (690,900) | 116,000 | 228,000 | 267,000 | 79,900 | — | |
| **Total** | **—** | **444,000** | **523,000** | **544,000** | **401,900** | **395,000** | **3,021,000** |

Spending the $559.9 million Wait Times Reduction funding received in 2004/05, plus the $131 million Canada Health Transfer funding, was meant to occur over the five years ending 2008/09. Instead, spending from both sources of funds was deferred one year, and will now be spread over four years, still ending in 2008/09.

In addition to the operating funding discussed above, the First Ministers' agreement will provide B.C. with an additional $66 million in Medical Equipment Funding in 2004/05. The federal government provided B.C. with $200 million in Medical Equipment Funding in 2002/03, and that money is being spent over the three years ending 2005/06. Accordingly, the $66 million from the First Ministers' agreement will be deferred to 2006/07 and 2007/08, as follows:

| Description | 2006/07 | 2007/08 |
|---|---|---|
| Medical and Diagnostic Equipment | 33,000 | 33,000 |

This funding will be used to acquire equipment that improves patient care and workplace health, such as CT and MRI scanners, anaesthetic machines, laboratory equipment, and patient beds and lifts.

The following table summarizes the operating funding British Columbia will receive under this agreement:

| Description | 2004/05 | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 – 2013/14 |
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# Strategic Context

## Vision, Mission and Values

### Vision

A health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs where they live and when they need them.

### Mission

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

### Values

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **Citizen and patient focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to quality health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency,** providing quality, effective, evidence-based services in a cost effective way.
- **Appropriateness,** providing the right service at the right time in the right place.
- **Safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

## Planning Context and Key Strategic Issues

The Ministry of Health operates within the broader societal and environmental influences on the population's health status. Enjoying good health and a high quality of life depends on many factors, including access to quality education, meaningful employment and stable family environments. Making healthy lifestyle choices is also important in optimizing the chance of good health.

Another influence on health status is access to high quality health services. British Columbians are supported in maintaining their health by a publicly funded health system, directed by the Ministry of Health and delivered primarily by B.C.'s health

authorities and health care professionals. In the past 35 years, the scope of the public health system has expanded beyond traditional hospital and physician services to include comprehensive public health programs, a broad team of service providers, prescription drugs, home and community care and more.

Overall, British Columbians have a quality health system they can rely on and have some of the best health outcomes in the country. This is reflected in British Columbia's report on nationally comparable performance indicators entitled *Healthy British Columbia* released in November 2004. The report gives a broad snapshot of the health system and the health of the population in B.C. using 2003 data from the *Canadian Community Health Survey*. The report indicates British Columbians are mostly satisfied with their health care system, have good access to heath care, live healthier longer than other Canadians, are less likely to smoke than other Canadians and more likely than other Canadians to lead an active lifestyle. (The report can be found at http://www.health.gov.bc.ca/cpa/publications/index.html).

## Challenges and Risks

The ministry must monitor broader societal indicators and trends to assess and plan for potential impacts on the health of the public and the health care system. For instance, while British Columbians currently enjoy the best health status in Canada, there are worrying trends that are already creating unprecedented demands for health services:

- 42 per cent of adult British Columbians are overweight or obese according to self-reported data, and only 58 per cent are physically active or moderately active.
- Injuries continue to be the leading cause of death for British Columbians age one to 44, with injuries killing more children and young adults than all diseases combined.
- Tobacco use remains the risk factor that most contributes to the burden of diseases in British Columbia, but problematic substance use is also a concern. 19 per cent of youth who attend school and have tried alcohol reported binge drinking three or more times in the past month.
- An aging population with a rising burden of illness is resulting in the continuing rise in demand for increasingly complex and expensive health services.
- The health care workforce is aging, and maintaining an adequate supply and mix of health professionals and workers will be challenging.

Population growth and demographic shifts put pressure on the health system, as different health services tend to be used at higher rates in older age groups. The following demographic trends help to illustrate the scope of the future challenge to the health system:

- British Columbia's population is growing; in 2004 the population increased by 44,094 persons and is expected to increase by 41,670 persons in 2005, 44,472 in 2006 and 46,467 in 2007. In 2001, B.C.'s population was 4,078,447. By 2007 it is forecast to be 4,317,613, an increase of 5.9 per cent.

- The share of British Columbia's population over the age of 65 is expanding. Relative to 2005, there will be 35 per cent more people over 65 by 2015, 20.5 per cent more over 75, and 45 per cent more over 85. The median age in British Columbia is 39.6 years, and is expected to reach 41.9 years by 2015. Expenditures on health increase with age.
- Life expectancy is increasing. In 2005, the median age at death was 79 years and by 2015, the median age at death will be 80.6 years.

In addition, the health system is challenged by:

- A need to update or expand health care facilities, technology and equipment.
- The development of new treatments for patients with conditions that were previously untreatable.
- The emergence of new diseases, which result in new tests, drugs and treatments.
- Public health emergencies such as SARS, Avian flu, and West Nile Virus.

**Capacity to Manage Risks**

Government has annually increased funding for health services; however, funding increases alone will not meet the increasing and changing demands placed on the health system. As shown in this service plan, the ministry is undertaking many strategies to ensure the health system is able to adapt and respond to changing demands.

Our capacity to respond to change has been greatly increased through the development of an accountable, efficient and responsive health sector that welcomes the challenge of improving services for the citizens of British Columbia. One of our strengths is the streamlined structure of five geographic health authorities responsible for the delivery of health services within their regions, and one additional authority responsible for highly specialized services, such as cancer care, province-wide. This new structure is better able to manage the complexity of the health system, take advantage of the ability to adapt to change and make strategic investments across the continuum of care. The structure is now nimble, responsive to the changing needs of the population and well prepared to meet the challenges of an increasingly diverse, growing and aging population.

# Goals, Objectives, Strategies and Results

## Ministry Goals and their Linkage to the Five Great Goals

Government has set out five overarching goals to guide the work of ministries in achieving the full potential of British Columbia. The Five Great Goals for a Golden Decade focus on literacy and education, healthy living and physical fitness, supports for disadvantaged populations, employment, and environmental stewardship.

The work of the Ministry of Health is guided by the government's overarching goals. While the ministry's primary contribution to achieving the five goals can be found in the goals focused on health and wellness and providing supports to disadvantaged groups (Goals 2 and 3), the work of the ministry ultimately contributes to the achievement of all the government's goals. The following table illustrates the strategic linkage between the government's goals and the ministry's goals and objectives that support their achievement.

| Five Great Goals | Ministry Goals | Ministry Objectives |
|---|---|---|
| 1. Make BC the best-educated, most literate jurisdiction on the continent | Improved Health and Wellness for British Columbians | Individuals are supported to stay healthy and make healthy lifestyle choices |
| | A Sustainable, Affordable Publicly Funded Health System | Optimum human resource development to ensure there are enough, and the right mix of health professionals. |
| 2. Lead the way in North America in healthy living and physical fitness | Improved Health and Wellness for British Columbians | Individuals are supported to stay healthy and make healthy lifestyle choices |
| | | Protection of the public from preventable disease, injury and illness |
| 3. Build the best system of support in Canada for persons with disabilities, special needs, children at risk, and seniors | High Quality Patient Care | Timely access to appropriate health services by the appropriate provider in the appropriate setting |
| | | Patient-centred care to meet the specific health needs of patients and patient sub-populations |
| | | Improved integration of health care providers, processes and systems to allow patients to move more seamlessly through the system |
| 4. Lead the way in sustainable environmental management, with the best air and water quality, and the best fisheries management, bar none | Improved Health and Wellness for British Columbians | Protection of the public from preventable disease, injury and illness (legislation, regulation and monotoring of food, air and water quality) |
| 5. Create more jobs per capita than anywhere else in Canada | A Sustainable, Affordable Publicly Funded Health System | Optimum human resource development to ensure there are enough, and the right mix of health professionals. |

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# Summary of Goals, Objectives, Strategies and Measures

**Ministry Mission**

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

| Ministry Goals | Ministry Objectives | Key Strategies | Performance Measures |
|---|---|---|---|
| 1. Improved Health and Wellness for British Columbians. | 1. Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices. | – Implement *ActNow BC* to promote healthy living<br>– Support healthy childhood development<br>– Provide access to health information and advice<br>– Collaborate on Canadian Public Health Strategy | a) Smoking rates<br>b) Physical activity rates |
| | 2. Protection of the public from preventable disease, illness and injury. | – Strengthen core public health services<br>– Coordinate response to major public health risks and collaborate on new Public Health Network<br>– Reduce inequalities in health status | a) Immunization rates for children and elderly<br>b) Aboriginal infant mortality rates |
| 2. High Quality Patient Care. | 1. Timely access to appropriate health services by the appropriate provider in the appropriate setting. | – Enhance primary care<br>– Increase community health services<br>– Increase assisted living environments<br>– Effectively manage acute care services<br>– Develop assessment tools to prioritize access | Access to:<br>a) Residential care<br>b) Chemotherapy and Radiotherapy<br>c) Hospital admission from Emergency Departments |
| | 2. Patient-centred care tailored to meet the specific health needs of patients and patient sub-populations. | – Better care for those with extensive needs<br>– Better care for those which chronic conditions<br>– Better care for those at the end-of-life<br>– Ensure clinical services are organized and delivered safely, effectively and at a high quality | a) Diabetes test rates<br>b) Congestive heart failure treatment<br>c) More choice in end-of-life care |
| | 3. Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system. | – Provide a full continuum of mental health and addiction services within each health authority<br>– Provide integrated youth addictions programs<br>– Improve ambulance service integration with the health authorities<br>– Develop an electronic health record | Coordinated mental health treatment<br>(30-day follow-up) |

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| Ministry Goals | Ministry Objectives | Key Strategies | Performance Measures |
|---|---|---|---|
| 3. A Sustainable, Affordable, Publicly-Funded Health System. | 1. Effective vision, leadership, direction and support for the health system. | – Provide clear strategic direction and measurable expectations<br>– Develop best practice guidelines, standards, benchmarks, protocols<br>– Provide appropriate legislative, regulatory and policy frameworks<br>– Support HA's to plan for investments in facilities and equipment to meet future needs<br>– Provide timely, accurate information<br>– Support health research for improvement | Health Authorities' rating of ministry leadership, direction and support |
| | 2. Strategic investments in information management and technology to improve patient care and system integration. | – Enable province-wide integration of clinically required person-specific data<br>– Improve access through increased use of technology and information systems<br>– Improve data availability and quality<br>– Expand public access to information through web applications | Electronic health record development |
| | 3. Optimum human resource development to ensure there are enough, and the right mix of, health professionals. | – Develop health human resource action plans<br>– Work with partners to provide education and training opportunities<br>– Integrate nurse practitioners into the system<br>– Create safe, positive work environments that attract and retain talented people | Health human resource action plan |
| | 4. Sound business practices to manage within the available budget while meeting the priority needs of the population. | – Implement performance agreements with Health Authorities<br>– Manage the MSP and PharmaCare programs<br>– Use planning and projection tools and models to inform decision-making and focus resources<br>– Monitor, evaluate, and report publicly on health system performance and the health of the population | Actual health expenditures do not exceed health budget |

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## Goal 1: *Improved Health and Wellness for British Columbians.*

British Columbians are supported in their pursuit of better health through health protection and promotion and disease prevention activities.

**Core Business Areas:** ***Services Delivered by Partners.***
***Stewardship and Corporate Management.***

### Objective 1: *Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices.*

British Columbians in general are among the healthiest people in the world, and we want to support their healthy lifestyles while also providing support to those in the population who do not enjoy good health or are at risk of diminishing health. Many citizens are at risk from factors such as poor dietary habits, obesity, inactivity, injuries, tobacco use and problematic substance use.

An ounce of prevention is worth a pound of cure. Services such as health promotion and protection, and chronic disease prevention and management, are important to maintaining and improving health outcomes while containing overall health system costs. If we can keep people healthy and out of the health care system, we win on two fronts: people have a better quality of life, and scarce resources can be freed up for non-preventable illness.

**Key strategies include:**

- Working with health authority partners and other government ministries and organizations to develop and implement *ActNow BC*, a program to promote healthy lifestyles and prevent disease by providing people with the information, resources and support they need to make healthy lifestyle decisions. Specifically, *ActNow BC* will promote physical activity, healthy eating, living tobacco free and making healthy choices during pregnancy.
- Supporting healthy childhood development through programs to identify problems with hearing, vision or dental health for children before they reach Grade 1, and providing the supports and services necessary to address their needs.
- Addressing elementary students' physical activity levels and providing them with information on healthy lifestyles through the *Action Schools! BC* program.
- Providing British Columbians 24 hour-a-day access to health information, advice and resources to assist their self-care and self-management by expanding the *BC NurseLine* and other components of the *BC HealthGuide* program.
- Working with the federal government and other provinces to develop a pan-Canadian Public Health Strategy, which will set goals and targets for improving the health status of Canadians.

## Performance Measures:

B.C.'s Provincial Health Officer publishes an annual report on the health and well-being of the population. The report contains 91 indicators of broad and long-term health outcomes and is a valuable resource for the ministry to track and evaluate the overall health of the population and the impact of health system strategies. The annual reports can be found at http://www.health.gov.bc.ca/pho.

The ministry has chosen to track two indicators also found in the Provincial Health Officer's report: smoking rates (age 15+) and physical activity levels (age 12+). These indicators will help assess the effectiveness of programs to encourage tobacco reduction and physical activity.

Long-term targets have been set in accordance with the *ActNow BC* initiative. For smoking rates, the target is to continue B.C.'s downward trend of tobacco use by a further 10 per cent — from the 2003 prevalence rate (latest data) of 16 per cent to 14.4 per cent of the population by 2010. For physical activity, the target is to increase by 20 per cent the proportion of the B.C. population currently classified as active or moderately active from the 2003 rate of 58.1 per cent to 69.9 per cent of the B.C. population by 2010.

| Performance Measures | Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target | Long-Term Target (2010) |
|---|---|---|---|---|---|
| Smoking rates (age 15+). | 16% (2003) | Decrease towards long-term target. | Decrease towards long-term target. | Decrease towards long-term target. | 14.4% |
| Physical Activity Index* (age 12+). | 58.1% classified as active or moderately active. (2003) | Increase towards long-term target. | Increase towards long-term target. | Increase towards long-term target | 69.9% classified as active or moderately active. |

* Data collected every two years through the Canadian Community Health Survey. The most recent available data will be used for reporting purposes.

## Objective 2: *Protection of the public from preventable disease, illness and injury.*

The second major approach to keeping people healthy is through providing effective public health services to prevent illness and disability. The ministry and its partners play an important role in monitoring and protecting the health of the population. Legislation, regulation and monitoring of food, air and water quality lay the foundation for communities and citizens to live in healthy and safe environments. Immunization programs and infectious disease and injury prevention and control measures also help to improve population health, prevent illness and reduce health care costs.

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**Key Strategies:**

- Protect health by implementing core public health prevention and protection programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security and health emergency management.
- Develop coordinated system-wide approaches for responding to major public health risks, emergencies or epidemics (e.g., SARS, West Nile, influenza, meningitis, and natural and/or accidental disasters), and collaborate with other provinces through participation in a new Public Health Network.
- Reduce inequalities in health with a focus on Aboriginal peoples, low-income individuals, and women, children and seniors.

## Performance Measures:

One important element of effective public health is immunization, particularly for infants and the vulnerable elderly. To this end, we will measure both the percentage of two-year-olds with up-to-date immunizations, and the percentage of residents of care facilities who get influenza vaccinations for flu season.

Also, the ministry will judge efforts to improve the health status of Aboriginal peoples by tracking post-neonatal infant mortality rates, and comparing them to the general population. Over the past decade the gap between the Status Indian neonatal ( < 28 days) infant mortality rate and the rate in the general population has been virtually eliminated. However, a gap does still remain in the post-neonatal group (28 - 364 days of age); accordingly, the ministry will focus on improvements in the post-neonatal subset of infant mortality rates.

| Performance Measures | Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target | Long-Term Target |
|---|---|---|---|---|---|
| Immunization rates: | | | | | |
| a) Two-year-olds with up-to-date immunizations | 69% [1] | 5 percentage point increase over prior year. | 5 percentage point increase over prior year. | 5 percentage point increase over prior year. | 95% (by 2010 - 2015) |
| b) Influenza immunization for residents of care facilities. | 91.8% (2004/05) | Maintain at or above 90% | Maintain at or above 90% | Maintain at or above 90% | Maintain at or above 90% |
| Aboriginal health status measured by post neonatal infant mortality of Status Indians. | Status Indian 2.2 per 1000; B.C. other residents 1.1 per 1000 live births.[2] (2003) | Decrease over prior year. | Decrease over prior year. | Decrease over prior year. | No statistically significant difference between S.I. and other residents of B.C. |

[1] In its 2004/05 Annual Report, the Ministry of Health reported the rate of 69% for 2004/05 based on partial data (did not include all health authorities). The B.C. Centre for Disease Control (BCCDC) has been given the responsibility for data collection for this measure and is developing new reporting methodology to standardize and improve data quality.

[2] A five-year moving average (1999 - 2003) is used for this indicator. Given the relatively low number of infant deaths, a five-year average mitigates year-to-year variation and provides a better indication of longer-term trends.

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## Goal 2: *High Quality Patient Care.*

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

**Core Business Areas:** ***Services Delivered by Partners.***
***Services Delivered by Ministry.***
***Stewardship and Corporate Management.***

### Objective 1: *Timely access to appropriate health services by the appropriate provider in the appropriate setting.*

All British Columbians should be able to access health services when they need them, be that for a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. The ministry and its partners have been working diligently over the past four years to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that people get the right type of care in the right type of setting that will lead to the best health outcome. The key approaches have been to ensure there is an adequate supply of key providers, to increase the range and availability of services provided in the community, and to ensure that our hospitals are used effectively to provide emergency and acute care, such as surgery or cancer treatment.

**Our strategies will continue to support those key approaches and include:**

- Investing strategically across the continuum of prevention, primary care, acute care and post-acute home care and rehabilitation in order to maximize access in key areas of need for British Columbians, including the areas identified by First Ministers in developing their Ten Year Plan to Strengthen Health Care, 2004 (cancer, heart, diagnostics, joint replacements and sight restoration).
- Enhancing primary care to serve as an effective first point of contact in the health system for individuals and families.
- Utilizing the *BC HealthGuide* program, particularly *BC NurseLine*, to provide access to health information and advice 24 hours a day, 7 days a week.
- Increasing the range of community health support, including providing more intensive home care, to enable timely discharge from hospital once a patient's need for acute care has ended.
- Increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for elderly and disabled individuals so they can access needed services and remain as independent as possible in their own homes and communities.

- Developing and implementing evidence-based clinical assessment tools for prioritizing access to care, and renewing the surgical registry.
- Protecting British Columbians from catastrophic prescription drug costs through the *Fair PharmaCare* program, and collaborating with other provinces on a National Pharmaceutical Strategy.

## Performance Measures:

Measuring access to appropriate care is currently hindered by a number of factors, including the absence of reliable waiting time data and a lack of accepted clinical assessment tools to prioritize access to care based on medical need. As part of the First Ministers' Ten Year Plan to Strengthen Health Care, each province and territory has agreed to establish comparable indicators of access to health care professionals and diagnostic and treatment procedures. In 2005/06, British Columbia will be actively participating in developing these access indicators, which will be used as performance measures in future service plans.

In the meantime, we will track the following indicators to determine our progress in creating the right balance between care provided in the hospital and care provided in the community, and in providing timely access to needed health services:

a) Timely access to residential care — the proportion of clients admitted to a residential care facility within 30 days of approval.

This indicator tracks the percentage of seniors and people with disabilities who enter residential care within 30 days of being approved through assessment. Clients approved for residential care have complex needs that require close attention. Improving access to this level of care leads to better outcomes and use of resources.

b) Waiting times for key services: Radiotherapy and Chemotherapy.

Monitoring cancer wait times helps ensure patients' cancers are treated as early as possible to achieve the best possible outcomes.

c) Waiting times for key services: Hospital admission from the emergency department.

A hospital admission can either be planned, such as scheduled surgery, or unplanned. This measure focuses on unexpected hospital admissions that occur through hospital emergency departments. Many people are appropriately treated and released from emergency departments, but some people require an extended course of treatment and must be admitted to hospital. Measuring the amount of time from the decision to admit a patient from an emergency department to when the patient is admitted to an inpatient bed provides an indication of access to appropriate levels of care.

| Performance Measures | 2004/05 Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target | Long-Term Target |
|---|---|---|---|---|---|
| Proportion of clients admitted to a residential care facility within 30 days of approval. | 62% | Increase over prior year. | TBD[1] | TBD | TBD |
| Waiting times for key services: | | | | | |
| a) Radiotherapy; | 95.5% begin treatment within four weeks of being ready to treat. | Maintain at or above 90% within four weeks. | Maintain at or above 90% within four weeks. | Maintain at or above 90% within four weeks. | Maintain at or above 90% within four weeks. |
| b) Chemotherapy. | 90% begin treatment within two weeks of being ready to treat. | Maintain at 90% within two weeks. | Maintain at 90% within two weeks. | Maintain at 90% within two weeks. | Maintain at 90% within two weeks. |
| Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.[2] | TBD[3] | Improve toward long-term target. | TBD | TBD | 80% admitted within 10 hours. |

[1] The ministry has adopted a new method of data collection for this measure. Targets for 2006/07 and beyond will be set based on an analysis of the new data.

[2] Major hospital sites only. Major hospital sites are those with over 35,000 emergency room visits per year and include Burnaby, Kelowna, B.C. Children's, Lions Gate, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals.

[3] This is a new measure requiring new methods of data collection. At the time of printing work is still underway to determine an accurate baseline; however, preliminary reviews estimate the baseline will be in the 70–75% range.

## Objective 2: *Patient-centred care tailored to meet the specific health needs of patients and patient sub-populations.*

When people use the health care system we must ensure the care they receive is centred on their needs and will lead to the best health outcomes. This means delivering services that are evidence-based and reflect best practice. Since one size does not fit all in health

| Performance Measures | 2004/05 Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target | Long-Term Target |
|---|---|---|---|---|---|
| Proportion of clients admitted to a residential care facility within 30 days of approval. | 62% | Increase over prior year. | TBD[1] | TBD | TBD |
| Waiting times for key services: | | | | | |
| a) Radiotherapy; | 95.5% begin treatment within four weeks of being ready to treat. | Maintain at or above 90% within four weeks. | Maintain at or above 90% within four weeks. | Maintain at or above 90% within four weeks. | Maintain at or above 90% within four weeks. |
| b) Chemotherapy. | 90% begin treatment within two weeks of being ready to treat. | Maintain at 90% within two weeks. | Maintain at 90% within two weeks. | Maintain at 90% within two weeks. | Maintain at 90% within two weeks. |
| Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.[2] | TBD[3] | Improve toward long-term target. | TBD | TBD | 80% admitted within 10 hours. |

[1] The ministry has adopted a new method of data collection for this measure. Targets for 2006/07 and beyond will be set based on an analysis of the new data.

[2] Major hospital sites only. Major hospital sites are those with over 35,000 emergency room visits per year and include Burnaby, Kelowna, B.C. Children's, Lions Gate, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals.

[3] This is a new measure requiring new methods of data collection. At the time of printing work is still underway to determine an accurate baseline; however, preliminary reviews estimate the baseline will be in the 70–75% range.

## Objective 2: *Patient-centred care tailored to meet the specific health needs of patients and patient sub-populations.*

When people use the health care system we must ensure the care they receive is centred on their needs and will lead to the best health outcomes. This means delivering services that are evidence-based and reflect best practice. Since one size does not fit all in health

service delivery, the ministry is working with health authorities and physicians to design and deliver customized care that addresses the unique needs of specific patient sub-populations. To begin, the focus is on coordinating care for patients with extensive needs, proactively managing patients with chronic diseases and providing better care for the dying. Implementing a patient-centred approach for these populations can improve quality of life and health outcomes for patients and provide better use of health services.

**Key strategies include:**

- Providing targeted services for patients who have extensive health care needs to more effectively manage their contact with health care services.
- Increasing the emphasis on more effective management of patients with chronic diseases to prevent or slow disease progression. Areas of focus will include diabetes, congestive heart failure, kidney disease, chronic obstructive pulmonary disease, osteo and rheumatoid arthritis and dementia.
- Expanding end-of-life care services to provide dying people with greater choice and access to services.
- Ensuring clinical services are organized and delivered safely and at a high quality by reviewing safety issues and developing guidelines, best practices and performance measures.

## Performance Measures:

Measures under this objective centre on improving chronic disease management, focusing specifically on the treatment of congestive heart failure and diabetes. Improvement targets have been set in accordance with best practices in treating these chronic conditions.

We have also included an indicator to help us track improvement in the availability of more palliative care choices for those at the end of life.

a) Use by physicians of appropriate drug therapies to treat congestive heart failure (CHF), measured by the percentage of patients suffering from CHF who are prescribed: a) ACE inhibitors; b) Beta blockers.

ACE inhibitor and Beta blocker drugs are recognized for their importance in treating patients suffering from congestive heart failure. Targets have been set in consultation with the Chronic Disease Collaborative, a collection of physicians working to implement best practices for chronic disease management.

b) Improved management of diabetes measured by the percentage of patients with diabetes who undergo at least two $A_{1c}$ tests per year.

Diabetes is one of the most common chronic diseases. It affects about five per cent of British Columbians and is steadily increasing in prevalence. By taking two $A_{1c}$ tests per year, patients and their physicians can be aware of abnormalities faster, and lower complication rates. This means a healthier life for the patient and a reduced impact on the health system.

c) Decrease in percentage of natural deaths occurring in hospital.

As part of a comprehensive plan to improve end-of-life care, we will monitor the number of natural deaths that occur in hospital. A decrease in the rate will serve as a proxy measure for improvements in the availability of a range of appropriate non-hospital choices for end-of-life care. It is recognized, however, that some deaths appropriately occur in a hospital setting. Accordingly, a long-term target has not yet been set as the ministry continues to work with its partners to research and develop best practices for end-of-life care.

| Performance Measures | Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target | Long-Term Target |
|---|---|---|---|---|---|
| % of patients suffering from CHF who are prescribed: | | | | | |
| a) ACE (or ARB) inhibitors; | a) 48.9% (2003/04) | a) 57% | a) 60% | a) 65% | a) 75% |
| b) Beta blockers. | b) 17.5% (2003/04) | b) 24% | b) 30% | b) 40% | b) 60% |
| % of patients with diabetes who undergo at least two $A_{1C}$ tests per year. | 40.6% (2003/04) | 55% | 65% | 75% | 90% |
| Decrease in % of natural deaths occurring in hospital. | 54.3% of natural deaths occur in hospital (2004). | Decrease over prior year. | Decrease over prior year. | Decrease over prior year. | TBD |

## Objective 3: *Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system.*

The health care system is very complex. The diversity of health care needs across the province means the system is always caring for unique patients through different caregivers, in different settings, every day. The ministry and its partners will be working to improve the integration of those services so care can be provided in the most coordinated and seamless manner possible to the benefit of patients and health care providers.

Under this objective, particular attention is being focused on mental health and addiction services. People with mental illness or substance misuse disorders often must access various providers to receive care, and too many times end up in hospital emergency rooms. The ministry and its partners are working to ensure services, from child and youth to adult

programs, are integrated and available within patients' home communities to improve and simplify the patient experience with the health system and maximize efficiency.

Better integration will also help up us realize maximum value from the various resources available in the system. For instance, the B.C. Ambulance Service is an important provincial resource with the potential to support and enhance services provided by health authorities, if we can work to better coordinate and integrate the services each provides.

**Key strategies include:**

- Providing a full continuum of mental health and addiction services within each health authority, which better integrates primary, secondary, community and tertiary care and is integrated within the larger care networks.
- Specifically addressing the need to provide integrated programs for youth addictions, including both detox and outreach programs.
- Working with other government ministries to ensure services are integrated and accessible for those suffering from mental illness and/or substance misuse.
- Enhancing patient care by enabling province-wide integration of and access to clinically required, person-specific data, while protecting personal privacy (electronic health record).
- Improving ambulance service integration with health authorities to maximize resources and provide best care to patients.

## Performance Measure:

We will measure the continuity of care in mental health services by tracking the percentage of persons hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge. A high rate of community or physician follow-up reduces the chances that a mental health client will suffer a relapse and have to be readmitted to hospital. It also indicates strong communication between discharge planners, community services and family physicians.

| Performance Measure | 2004/05 Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target | Long-Term Target |
|---|---|---|---|---|---|
| % of persons hospitalized for a mental health or addictions diagnosis that receive community or physician follow-up within 30 days of discharge. | 76.7% | Increase toward long-term target | Increase toward long-term target | 80% | 80% |

## Goal 3: *A Sustainable, Affordable, Publicly Funded Health System.*

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

**Core Business Areas:** ***Stewardship and Corporate Management.***
***Services Delivered by Partners.***

### Objective 1: *Effective vision, leadership, direction and support for the health system.*

The ministry's strategic direction for the health system must be well articulated and communicated to the public and to those who deliver services to the public. The ministry is committed to leading and fostering a culture in which health system activities are evidence-based, well planned and understood, and in which accountability structures exist to ensure strategic directions guide service delivery activities. Further, the ministry must support its service delivery partners (health authorities and health professionals) to achieve the strategic priorities of the health system. It does so by supporting health research activities and the development of best practices for service delivery, and developing legislative, regulatory and policy frameworks to manage the health system and protect public health.

**Key strategies include:**

- Translating health care needs into clear strategic direction and measurable expectations that will guide operational management and delivery of health services.
- Facilitating the delivery of health services by partners through the development and use of best practice guidelines, standards, benchmarks and protocols.
- Providing legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Supporting health authorities in planning for investments in facilities and equipment to ensure the health system has the capacity to meet the population's health needs.
- Providing strategic communication support to ensure accurate information is available in a timely and coordinated manner.
- Supporting health research and creating opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.

### Performance Measure:

Health authorities' ratings of the clarity, timeliness and usefulness of government direction in guiding service delivery.

Asking health authorities, through a survey, to rate the ministry's effectiveness in providing strong leadership will give a better understanding of whether the ministry is performing one of its central functions well.

| Performance Measure | 2004/05 Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target |
|---|---|---|---|---|
| Health authorities' ratings of the clarity, timeliness and usefulness of government direction in guiding service delivery. | Develop process and survey tool. | Implement surveys to determine baseline data, and set targets. | TBD[1] | TBD[2] |

[1, 2] Targets will be set based on results from the first survey.

## Objective 2: *Strategic investments in information management and technology to improve patient care and system integration.*

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Technology can improve system integration and efficiency, improve access to services across the province, assist managers and practitioners to make evidence-based decisions, and help citizens access valuable health information in a timely and convenient manner. The ministry is working to realize the potential in each of these areas.

**Key strategies include:**

- Enhancing patient care by enabling province-wide integration of and access to clinically required, person-specific data, while protecting personal privacy (electronic health record).
- Improving access to services, in all geographic areas of the province, through the increased use of technology and information systems (e.g., telehealth).
- Improving the clinical and management utility of health data for decision-making through broadened availability of quality data and analysis.
- Expanding public access to health services and health information through web-based applications.

## Performance Measure:

The ministry is developing an Electronic Health Record (EHR). It is a cornerstone of government's comprehensive strategy to deliver faster and more effective treatment to patients. Enabling care providers to access clinical information, such as patient medication profiles, lab and other testing results, using web-based technology is a high priority.

It is not feasible to produce an overall performance measure for the entire EHR initiative because it consists of many substantial and complex sub-projects. However, the ministry's Information Resource Management Plan, which is published and updated annually, tracks progress in the development of the major components of the EHR. For details on the project, please see the plan at http://www.health.gov.bc.ca/cpa/publications/index.html.

## Objective 3: *Optimum human resource development to ensure there are enough, and the right mix of, health professionals.*

To be sustainable the system must have enough, and the right mix of, health professionals to provide services today and in the future. The system must ensure health workers are employed in the most efficient and effective manner, and that their work environments are supportive of them delivering high quality services. Therefore, this objective also focuses on improving workplace wellness, both in the Ministry of Health and the broader health system.

**Key strategies include:**

- Developing Health Human Resource plans to ensure an adequate supply and appropriate mix of health professionals.
- Working with the Ministry of Advanced Education and health system partners to implement human resource plans, including increasing education and training opportunities and successfully managing the medical school expansion.
- Addressing succession planning needs through initiatives to develop future leaders capable of managing the increasingly complex health system.
- Integrating nurse practitioners into B.C.'s health system.
- Creating safe, positive work environments that attract and retain talented people.
- Implementing a human resource plan for the ministry that supports employee wellness and assists the ministry in meeting its strategic goals.

## Performance Measure:

The First Ministers' Ten Year Plan to Strengthen Health Care included a commitment by all jurisdictions to increase the supply of health professionals based on provincial needs, and to make their action plans public, including targets for the training, recruitment and retention of professionals, by December 31, 2005. British Columbia is in the process of developing its health human resource action plan and will incorporate key elements of it into future service plans to measure performance.

## Objective 4: *Sound business practices to manage within the available budget while meeting the priority needs of the population.*

The ministry is committed to working with its partners to manage the health system efficiently to ensure resources are spent where they will have the best outcome. The ministry monitors and evaluates the delivery of services and the health of the population and works with its partners to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement and evidence-based decision-making, the ministry uses its evaluations of health system performance to inform strategic direction and facilitate course correction where warranted.

**Key strategies include:**

- Developing and implementing three-year performance agreements with health authorities to detail responsibilities and expectations for service delivery.
- Providing three-year funding commitments to health authorities, updated annually, to enable them to plan and act with certainty.
- Effectively managing the *Medical Services Plan* and *PharmaCare* programs to ensure needed medical and pharmaceutical services are available and sustainable.
- Working with health authorities and other system partners to ensure their services and outcomes are aligned with government direction and policy.
- Working with system partners to ensure overall health system costs remain affordable and within budget.
- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.
- Embedding sound management practices within the ministry, including structured performance planning and monitoring.
- Using planning and projection tools and models, and risk management processes, to inform decision-making and focus resources.
- Utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.

## Performance Measure:

We will monitor and report on the health system's ability to manage within its budget. Staying within the budget provides a high-level indication of whether the health system is on a sustainable path.

| Performance Measure | 2004/05 Baseline | 2005/06 Target | 2006/07 Target | 2007/08 Target |
|---|---|---|---|---|
| Actual expenditures do not exceed budgeted expenditures. | Met target — expenditures within budget. | Manage within budget. | Manage within budget. | Manage within budget. |

# Related Initiatives and Planning Processes

## Deregulation and Regulatory Reform

In 2001, government committed to reduce the overall regulatory burden in B.C. by one-third to be consistent with global trends in regulatory reform and management. That target has been met, and the Ministry of Health will contribute to government's intention to maintain a zero per cent increase to the baseline regulatory count throughout the next three fiscal years. The ministry will continue to identify regulatory reduction and reform opportunities, and focus on improving regulations to ensure they are consistently results-based, cost effective, flexible and promote competitiveness and innovation.

## Overview of Human Resource Management Plan

A summary of the ministry Human Resource Plan is available on the Ministry of Health website at: http://www.health.gov.bc.ca/cpa/publications/index.html.

## Overview of Information Resource Management Plan

A summary of the ministry Information Resource Management Plan is available on the Ministry of Health website at: http://www.health.gov.bc.ca/cpa/publications/index.html.

# Appendix

## Major Capital Projects

Under the *Budget Transparency and Accountability Act*, a summary of the business case for major capital projects must be made public. A major project is defined as any capital commitment or anticipated commitment that exceeds $50 million. The ministry is committed to the following major capital projects:

### Vancouver General Hospital Redevelopment (VGH) — Vancouver Coastal Health Authority

**Objective:** The hospital redevelopment is to consolidate patient services and clinical expertise to assist in meeting patient care needs over the next 20 years or more.

**Cost:** Total capital cost is $156 million.

**Benefits:** Anticipated benefits are new patient areas and consolidation of hospital services within the Centennial Pavilion and the Jim Pattison Pavilion to create a modern and efficient hospital environment for enhanced patient care and accessibility.

**Risks:** The project could potentially be affected by factors such as delays, changes in economic and market conditions (including potential for labour and material cost escalation and shortages), and technology and/or building code changes.

The project is due for completion by 2007.

## Public-Private Partnerships

The ministry and health authorities are committed to ensuring maximum value for health care dollars and are exploring new approaches for capital projects. In accordance with that approach, the ministry and health authorities have pursued public-private partnerships (P3s) to leverage private sector innovation and capital.

### Academic Ambulatory Care Centre (AACC) — Vancouver Coastal Health Authority

**Objective:** The AACC is a state-of-the-art, 11-storey, 365,000-square-foot health care facility planned for the Vancouver General Hospital (VGH) site. The project will be completed through an agreement with Access Health Vancouver (AHV), a team of companies selected through an open competitive process.

**Benefits:** The AACC will provide single-site access to a range of outpatient (ambulatory) services along with undergraduate and post-graduate medical education facilities, teaching physician/specialist practice offices and related commercial/retail activities. The facility is expected to support several hundred medical students, approximately 580 medical and allied professionals and an estimated 600,000 patient visits annually.

**Cost:** The capital cost for the project is estimated at $95 million.

**Risks:** Under the terms of the partnership agreement, each party has agreed to assume the risks that it can manage best at the least cost. During the construction phase, the health authority assumes only those risks related to matters under its control, such as decisions on space allocation. To mitigate these risks, VCHA is working to ensure its planning processes meet specific milestones in the agreed-upon construction schedule.

The AACC is scheduled for completion in 2006.

For more information on the Academic Ambulatory Care Centre project, please see the ministry's website at http://www.health.gov.bc.ca/cpa/publications/index.html.

## Abbotsford Regional Hospital and Cancer Centre (AHCC) — Fraser Health Authority and Provincial Health Services Authority

**Objective:** The Abbotsford Regional Hospital and Cancer Centre will be a new 300-bed facility that replaces the current 202-bed Matsqui-Sumas-Abbotsford (MSA) hospital, which is aging, physically obsolete and not suitable for expansion.

**Benefits:** The new hospital will provide enhanced programs and services to meet the health care needs of Fraser Valley residents for the next 30 years, and will also help to attract and retain health professionals. AHCC includes integration of a new cancer treatment centre that will be part of the provincial network operated by the BC Cancer Agency.

**Cost:** The capital cost of the project is estimated at $355 million. The Fraser Valley Regional Hospital District is contributing $71.3 million towards the project.

**Risks:** This is the province's first P3 project for a major acute health care facility. To mitigate risks, the AHCC team has built on the experience, documentation and advice of other jurisdictions that have completed similar projects. Risks have been allocated between the parties as part of the P3 contractual agreement. For example, the private sector partner is managing the design and construction risk, and payments to the partner will not commence until the facility is ready for occupancy.

Completion of the project is anticipated in 2008.

For more information on the Abbotsford Regional Hospital and Cancer Centre project, please see the ministry's website at http://www.healthservices.gov.bc.ca/cpa/publications/index.html.